Rec'd PCT/PTO 16 MAY 2005 JEE. ONSINOSU

10/510184

Combined Declaration for Patent Application and Power of Attorney

As a below named invent	_		•			
My residence, post office		-		•	-	
believe that I am the or inventor (if plural names invention entitledSA	are listed belo	w) of the sub	tor (if only one r bject matter which A VEHICLE	name is listed n is claimed a	nd for which a	original, first and patent is sought or specification of wh
(check is attached one)	hereto. X					
was filed or	· . ———		as Ap	plication Serial	No.	
and (if applie	cable) was amei	nded on:				
hereby state that I have ross amended by any amended acknowledge the duty to with Title 37, Code of Fernica 1981.	dment referre disclose info	d to above. ormation, whi	ich is material to			
hereby claim foreign prior inventor=s certificate le tertificate having filing de	ority benefits	under Title 3 and have also	5, United States (identified below	any foreign	application fo	pplication(s) for pa or patent or invento
Prior Foreign Application(s)					Priority Claimed	
Number			Day Month Year Filed		YES	NO
90 912	90 912 LUXEM		19 APRIL 2002		х	
70 712						
90 914	LUXEM	BOURG	26 APRIL	2002	х	
	LUXEM	BOURG	26 APRIL	. 2002	х	
	LUXEM	BOURG	26 APRIL	. 2002	х	
	LUXEM	BOURG	26 APRIL	. 2002	Х	
90 914 hereby claim the benefit isofar as the subject matter in the manner provided by naterial information as def the prior application an	under Title 35 er of each of the the first para fined in Title d the national	5, United State he claims of t graph of Title 37, Code of F l or PCT inte	es Code, '120 of his application is e 35, United State Federal Regulatio mational filing d	any United S not disclosed es Code, '112 n, '1.56(a) w ate of this ap	tates Applicati in the prior Ui , I acknowled hich occurred plication:	nited States applica ge the duty to discl between the filing of
90 914 hereby claim the benefit isofar as the subject matter in the manner provided by naterial information as de	under Title 35 er of each of the the first para fined in Title d the national	5, United State he claims of t graph of Title 37, Code of F l or PCT inte	es Code, ' 120 of his application is e 35, United State Federal Regulatio	any United S not disclosed es Code, '112 n, '1.56(a) w ate of this ap	tates Applicati in the prior Un I, I acknowled	nited States applica ge the duty to discl between the filing of

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, and/or agents with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

CUSTOMER NUMBER 23413

ADDRESS ALL CORRESPONDENCE TO:

DIRECT ALL TELEPHONE CALLS TO:

CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002, USA

Michael A. Cantor Philmore H. Colburn II (860) 286-2929 Facsimile (860) 286-0115

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

Full Name of Sole or First Inventor Date Inventor=s Signature 30. 8-04 SCHMIZ-Marc Residence Citizenship 16, rue Tubis, L-2629 Luxembourg, LUXEMBOURG LU Post Office Address Same as above Full Name of Second Joint Inventor, If Any Inventor=s Signature Date **BECKER** Guido 30/05/04 Residence Citizenship Saarstrasse 18, D-66679 Losheim am See, GERMANY DEX Post Office Address Same as above Full Name of Third Joint Inventor, If Any Inventor=s Signature Date MOUSEL Thierry 30.09.04 Residence Citizenship 2, rue St Michel, L-5637 Mondorf-les-Bains, LUXEMBOURG LU LUY Post Office Address Same as above Full Name of Fourth Joint Inventor, If Any Inventor=s Signature Date Residence Citizenship Post Office Address

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